



STATE OF MARYLAND

DHHMH

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March 3, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:08
Reporting for the week ending 02/28/09 (MMWR Week #08)

CURRENT HOMELAND SECURITY THREAT LEVELS

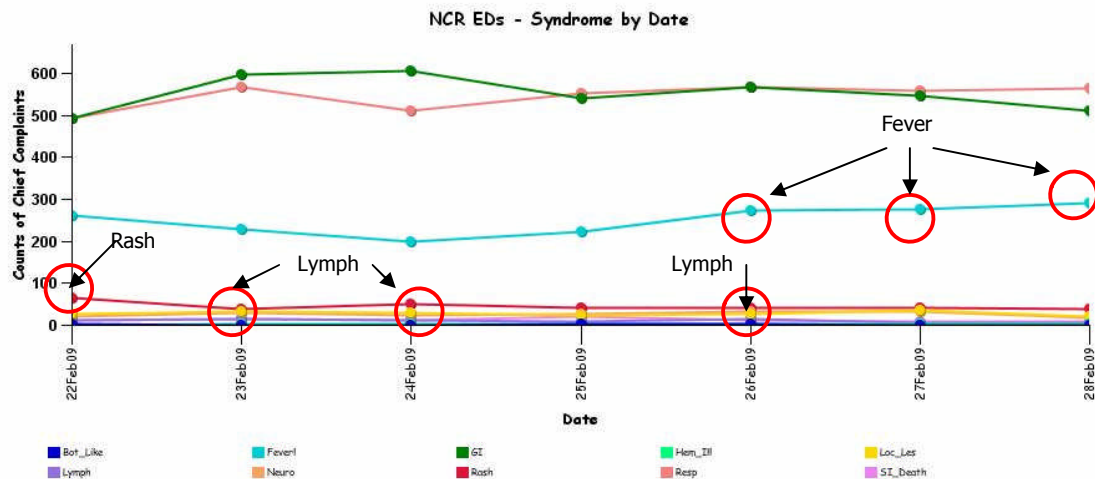
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

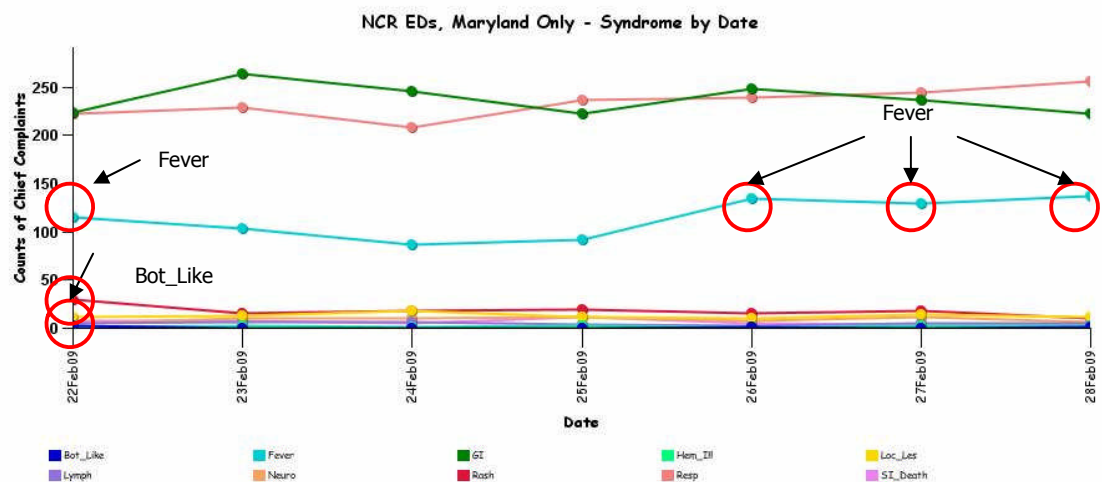
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

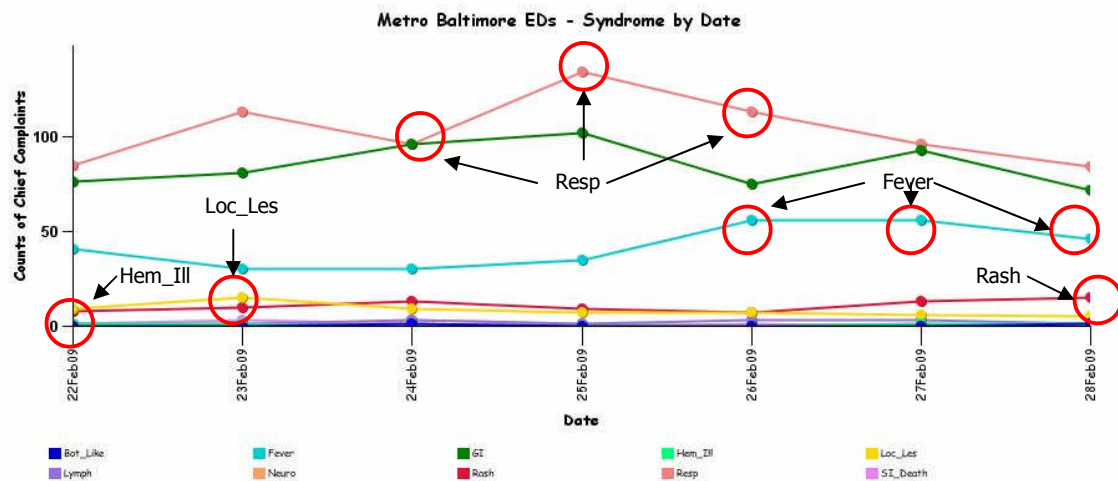
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



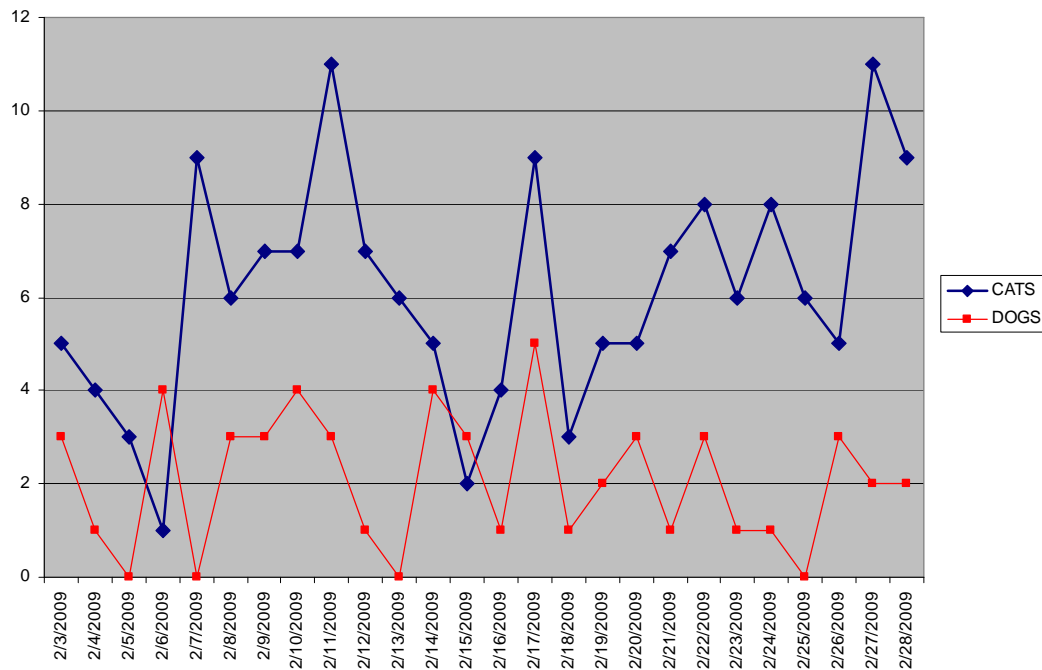
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

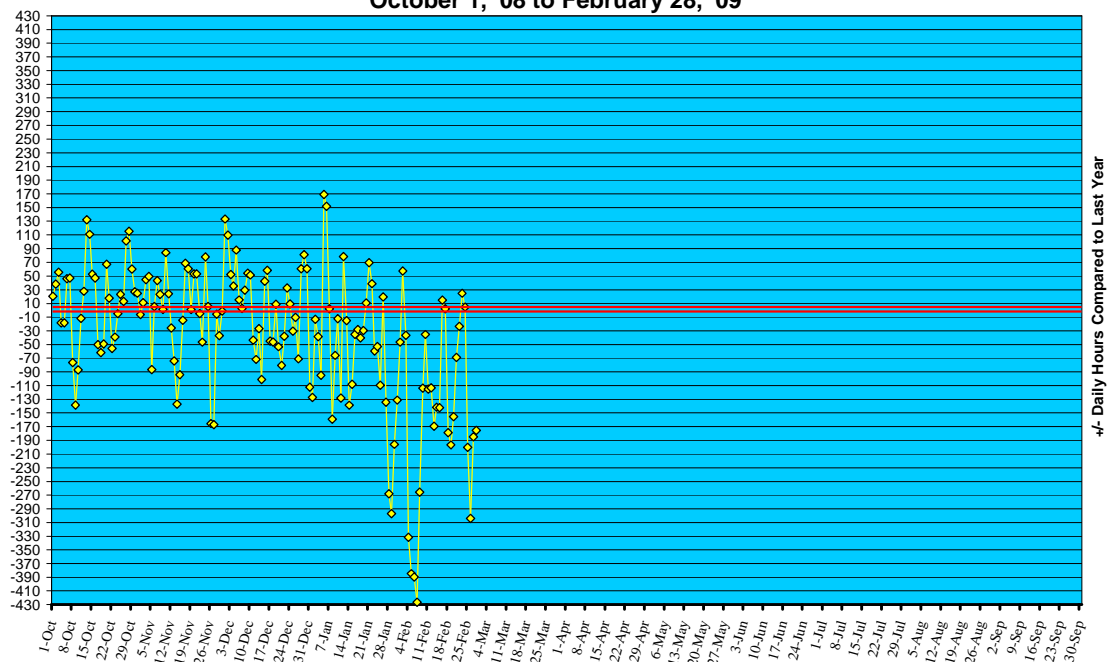
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to February 28, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Feb 22 to Feb 28, 2009):	10	0
Prior week (Feb 15 to Feb 21, 2009):	06	0
Week#7, 2008 (Feb 17 to Feb 23, 2008):	14	1

6 outbreaks were reported to DHMH during MMWR Week 8 (Feb.22- Feb. 28, 2009):

3 Gastroenteritis outbreaks

1 outbreak of GASTROENTERITIS associated with a Nursing Home

2 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

3 Respiratory illness outbreaks

1 outbreak of ILI associated with a Hospital

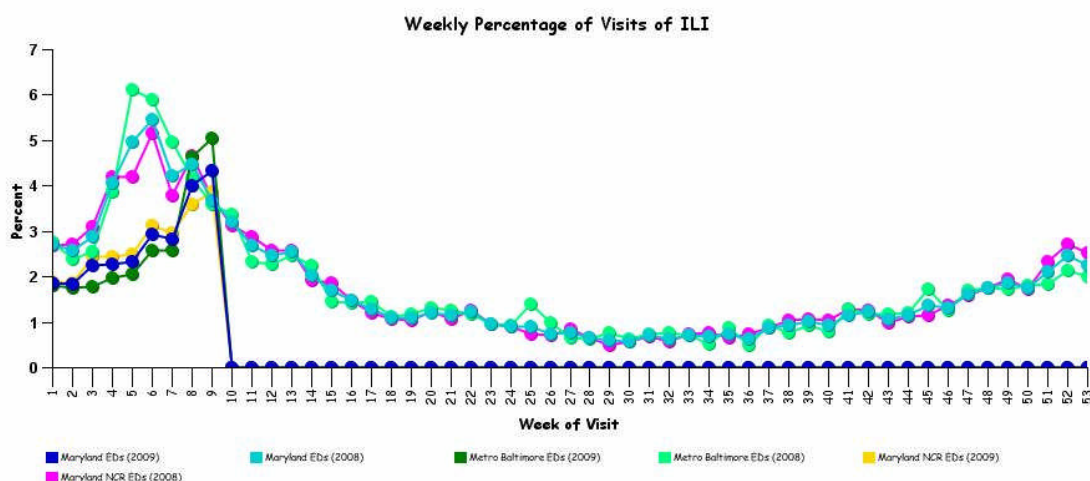
1 outbreak of INFLUENZA associated with a School

1 outbreak of INFLUENZA associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS: Influenza activity in Maryland for Week 08 is WIDESPREAD. During week 08, 840 confirmed cases of influenza were reported to DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of February 18, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 408, of which 256 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, LPNAI H7 (JAPAN): 28 Feb 2009. The H7 bird flu virus has been detected at a quail farm in Toyohashi, Aichi Prefecture, the prefectural government and the farm ministry said Friday [27 Feb 2009]. As the infected quails have not died, the virus "may be of attenuated virulence," the Agriculture, Forestry and Fisheries Ministry and the local government said, suggesting it is unlikely the infection will spread further. Although it is rare for humans to catch the H7 virus, those who are in contact with the infected birds may show symptoms, such as in the respiratory system. The prefectural government detected the virus in February 2009 in 2 quails at the farm, which raises about 300 000 of the birds, during a regular inspection of 3 quail farms in the prefecture, when 10 birds were tested. The H7 virus had not been detected in Japan since 1925, according to the farm ministry. "I always make sure I sterilize the farm and no wild birds get in, but I don't know when and how the virus might affect my birds and I'm nervous," said a 70-year-old farmer. Aichi Gov. Masaaki Kanda said there is no danger of infection by eating the eggs or the meat of the quail. "I ask the citizens to remain calm," he said. But neighbors remain anxious. "Even though they say that infection among humans is unlikely, I'm scared and don't want to go out," said a woman who lives nearby. The farm halted quail shipments Wednesday [25 Feb 2009] while authorities investigate the infection route, as well as sterilize the farm and kill the quails. The farm is located in one of the country's leading production centers for quail eggs. Transportation limits will be placed on 65 farms with more than 4.5 million quails and chickens, as well as their eggs and feed. "Although I want (the government) to stop the infection from spreading, I want them to kill as few birds as possible," said a 58-year-old farmer. (The discovery of the H7 virus) will cause a lot of trouble for farmers, so I want to treat this problem seriously," said Motohiko Kondo, senior vice minister at the farm ministry.

AVIAN INFLUENZA, HUMAN (INDONESIA): 27 Feb 2009. The Yogyakarta authorities have warned the people to be on alert, as 2 bird flu suspects were found in Yogyakarta in early 2009. Bird flu cases were first detected in Yogyakarta in 2005, Tri Harjun Ismajli, the secretary of the Yogyakarta special autonomous province, said [in Yogyakarta] on Tuesday [24 Feb 2009] in a speech read out by Bondan Agus Suryanto. In 2005, Yogyakarta had 6 bird flu suspects, 4 suspects in 2006, 24 in 2007, and 3 suspects last year [2008], he said. Bird flu or avian influenza (AI) was very dangerous as there were 129 cases of AI infections including 113 fatalities, or 81.3 percent, he said.

AVIAN INFLUENZA, HUMAN (VIET NAM): 27 Feb 2009. A 32-year-old man from Vietnamese northern Ninh Binh province, who had been tested positive to H5N1 virus, died of the virus [infection]. The patient died on Wednesday [25 Feb 2009] after 13 days of being treated at the National Institute of Infectious and Tropical Disease, the local newspaper Pioneer reported Friday [27 Feb 2009]. The patient was taken to hospital on 13 Feb 2009 with severe breathing difficulty. He had contact with fowls before developing bird flu symptoms. He is the 3rd bird flu patient in Viet Nam this year [2009] and the 2nd human case death as a result of H5N1 virus infection this year.

AVIAN INFLUENZA, Turkeys, LPAI, UNTYPED (ENGLAND): 26 Feb 2009. Birds on 2 poultry farms in Suffolk and Norfolk have tested positive for a strain of avian flu. Vets from Defra carried out the tests at Bernard Matthews breeder sites at Arran farm near Yaxham, Norfolk and Laurel farm, in Ubbeston, Suffolk. The birds tested positive for avian influenza but not the highly pathogenic H5 or H7 types. Defra has not advised a cull of the birds but has placed a movement restriction on them. A Defra spokesman said: "A routine veterinary investigation is ongoing at poultry premises into the possible presence of a notifiable avian disease. Laboratory tests are ongoing, and there is no conclusion yet. Routine veterinary investigations into notifiable diseases occur on a regular basis. It is a legal requirement to notify the Animal Health Agency of the possibility of such diseases whenever these cannot be ruled out by a vet or an animal keeper as part of the diagnosis of illness in animals or birds." A 2nd series of tests is taking place to identify the strain of influenza. Bernard Matthews said in a statement: "Whilst the 2 small breeder farms remain under movement restrictions until Defra has completed its tests, other operations continue to run as normal. As a precautionary measure and out of a duty of care for our employees, we have sought guidance from the Health Protection Agency and are providing Tamiflu treatment to our staff, who work on the affected farms. Avian influenza is a disease of birds that continues to pose a threat to poultry flocks both in the UK and around the world. Bernard Matthews has in place clear procedures to identify avian influenza and, under the direction of Defra, the ability to control and eradicate the disease without posing any risk to public health."

AVIAN INFLUENZA, HUMAN (VIET NAM): 24 Feb 2009. The Ministry of Health in Viet Nam has announced the death of a previously confirmed case of H5N1 infection. The 23-year-old female from Dam Ha District, Quang Ninh Province died on 21 Feb 2009. Of the 109 cases confirmed to date in Viet Nam, 53 have been fatal.

NATIONAL DISEASE REPORTS:

BOTULISM, UNEVISCERATED FISH (USA): 28 Feb 2009. San Link Inc in Brooklyn, NY, is recalling vacuum-packaged dried chechon because the product was found to be uneviscerated. The recalled vacuum-packaged dried chechon was distributed in New York State in random weight plastic bags (0.66 pound average), coded 21.12.2008. The fish is a product of Russia. The vacuum-packaged dried chechon was sampled by a New York State Department of Agriculture and Market Food Inspector during a routine inspection. Subsequent analysis of the product by New York State Food Laboratory personnel confirmed the fish was not properly eviscerated prior to processing. The sale of uneviscerated fish is prohibited under New York State Agriculture and Market regulations because *Clostridium botulinum* spores are more likely to be concentrated in the viscera than any other portion of the fish. Uneviscerated fish have been linked to outbreaks of botulism poisoning. No illnesses have been reported to date in connection with this problem. (Botulism is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

FOODBORNE ILLNESS, MINCEMEAT (SOUTH AFRICA): 28 Feb 2009. About 500 children were admitted to hospital in Nongoma to be treated for food poisoning on Friday [20 Feb 2009], the KwaZulu-Natal health department said. They are believed to have eaten rotten mincemeat, said Leon Mbangwa. They were taken to the Benedictine Hospital in the area for treatment. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

EBOLA-RESTON, PORCINE (PHILIPPINES) 26 Feb 2009. The Philippines will slaughter 6000 pigs at a hog farm north of the capital Manila to prevent the spread of the Ebola-Reston virus, health and farm officials said on Monday [23 Feb 2009]. But the government has lifted a quarantine on a 2nd hog farm after tests by experts from the World Health Organisation (WHO), World Organisation for Animal Health (OIE), and Food and the Agriculture Organisation (FAO) showed no more signs of the disease. The country has more than 13 million heads of swine and the discovery of Ebola-Reston on 2 hog farms north of Manila was isolated, the government said. "There is ongoing viral transmission in Bulacan ... as a precautionary measure, depopulation will be carried out in the Bulacan farm," health secretary Francisco Duque told reporters, referring to the farm just north of Manila. The government said 6000 pigs would be killed, burned, and buried as experts sought to determine the source of Ebola-Reston in pigs as well as pig-to-pig and from pig-to-human transmission. Duque said 147 human samples have been tested for Ebola, but only 6 have tested positive. But all 6 remain healthy, he added. "Ebola-Reston poses a low risk to human health at this time," Duque said. It is the 1st time the virus has been found outside monkeys and the 1st time it has been found in pigs. The virus had previously jumped from monkeys to humans but this was the 1st case of a jump from hogs. The Ebola-Reston virus was found in the Philippines as early as the late 1980s and 25 people were found infected after contact with sick monkeys. But only one developed flu-like symptoms and later recovered. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

HANTAVIRUS UPDATE 2009 (PARAGUAY): 26 Feb 2009. The 1st 2 cases of a hantavirus [infection] have been reported this year [2009] in the Chaco [region], both from Presidente Hayes, one with a fatal outcome. Meanwhile, surveillance in the La Patria area continues where, last year [2008] there was an outbreak with a series [of cases] of this disease [see ProMED-mail archives below]. The people affected in these 1st 2 cases of this year [2009] in the Chaco are 2 men, a 37-year-old from Tte. Esteban Martinez, and a 30-year-old from Nueva Mestre who died. Both were workers on farms in Presidente Hayes. Dr Silvio Ortega, director of the XVII Health Region of Boqueron, reported that although no cases have been recorded so far this year [2009], there is continuous surveillance in the La Patria area, where last year [2008] there was an outbreak of a hantavirus [infection] with chain [serial] transmission among 9 people, of whom 4 died. The virus is spread through the urine and fecal material of rodents (*Calomys laucha*) and transmission occurs through inhalation of dust while moving objects that are contaminated [with virus]. This is an acute infection that causes respiratory difficulties, which can lead to death. There are also studies that have detected hantavirus in the saliva of humans, that is to say transmission might occur from person to person. According to official records, from 2005-2007, there were 56 cases positive for hantavirus [infection] with 12 deaths. In central Chaco, hantavirus [infections] have been recorded since 1987 and local sources speak of more than 200 infected [people] in the past 20 years with 30 deaths. Also, cases have occurred in Caaguazu, San Pedro, and Itapua [departments]. In order to control the disease, rodents must be controlled inside and outside the house. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

LASSA FEVER (NIGERIA): 25 Feb 2009. The Federal Capital Territory (FCT) Administration has announced that there is currently an outbreak of the deadly Lassa Fever within the FCT and neighbouring Nassarawa state. The disease has already claimed 8 lives in 3 weeks, and over 93 cases have been confirmed. Lassa fever is a very deadly disease that can spread quickly within a short period of time. It initially has malaria type symptoms and so is easily mistaken for malaria and under-treated early. It is, however, very critical to catch it in the very early stages. This is a highly contagious disease that is transmitted traditionally by rat urine/feces contamination of food, drink and household items/goods. It is also transmitted via body fluids and appears to be airborne in the current form in Abuja. Symptoms include fever, general fatigue and weakness, headache, sore throat, chest pain, nausea, vomiting, diarrhea, cough, abdominal pain, and red spots. In advanced/severe cases, it may lead to a swollen face, bleeding from orifices (eyes, mouth, nose, genitalia), low blood pressure, etc. The good news is that the necessary steps to curb the growing epidemic are being taken by the FCT Health & Human Services Secretariat, the Federal Ministry of Health and the World Health Organization. So there is no need to panic. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-

suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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